

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PENSIONS AND BENEFITS
NEW JERSEY STATE HEALTH BENEFITS PROGRAM
CN 299 Trenton, New Jersey 08625-0299

RESOLUTION

A **RESOLUTION** to authorize participation in the New Jersey State Health Benefits Program Act of the State of New Jersey for Local Prescription Drug Coverage.

BE IT RESOLVED:

1. The _____ ,
Name of Employer
a participating employer in the Health Benefits Program, hereby elects to participate in the Local Prescription Drug Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.25 et seq.) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission.
2. As a participating employer we will remit to the State Treasury all premiums on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.
3. We hereby appoint the _____ to act as
Title
Certifying Officer in the administration of this program.
4. This resolution shall take effect immediately and coverage shall be effective as of _____
Date
or as soon thereafter as it may be effectuated pursuant to the statutes and regulations.

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the

Corporate Name of Employer

on the _____ day of _____, 19____.

Signature

Official Title

Street Address

City State Zip Code

Area Code Telephone #

Present Prescription Drug Carrier

Number of Employees

Employer's State Social Security Identification Number